

DIC FDE/FDF FORMAT
REQUEST FOR SUMMARY BILLING ADJUSTMENT
AND
FOLLOW-UP ON REQUEST FOR SUMMARY BILLING
ADJUSTMENT

<u>Field Legend</u>	<u>Position(s)</u>	<u>Entry and Instructions</u>
DI Code	1-3	Enter FDE for initial request. FDF for follow-up request.
RI Code (Billing Office)	4-6	Perpetrate from the duplicate summary billing record (SBR).
Recipient of Billing Status Code	7	Enter the applicable code.
Blank	8-10	Leave blank.
Bill Number (Duplicate)	11-15	Enter the bill number of the billing that totally duplicates a prior billing.
Blank	16-18	Leave blank.
Duplicate Bill Date	19-21	Enter the year within decade and month of decade (YMM) of the duplicate bill.
Blank	22-24	Leave blank.
Bill Number (Original)	25-29	For advice code 42 leave blank. For advice code 43 and 44, enter bill number of the original bill.
Blank	30-32	Leave blank.
Original Bill Date	33-35	Enter the year within decade and the month (YMM) of the original bill.
Amount (Original Bill)	36-44	For advice code 42, leave blank. For advice codes 43 and 44, enter the amount of the original bill.

<u>Field Legend</u>	<u>Position(s)</u>	<u>Entry and Instructions</u>
DoDAAC	45-50	For advice code 42, enter the DoDAAC of the billed office. For advice codes 43 and 44, enter the DoDAAC of the office requesting the adjustment.
Blank	51-58	For advice code 42, leave blank. For advice codes 43 and 44, enter 51-52: The fund code under which adjustment is to be processed. 53-58: The DoDAAC of the office receiving the adjustment
Billing Advice	59-61	Enter: 59 Blank or character significant to requestor. 60-61, 42, 43, 44 as appropriate
Day of Year	62-64	Enter day request is submitted.
Amount (Duplicate)	65-73	Enter the amount of the duplicate bill.
Blank	74-80	Leave blank.